



Office of Drinking Water
Eastern Regional Office of Drinking Water Operations
WATER SYSTEM ADEQUACY REQUEST FORM
Phone (509) 456-3115 FAX (509) 456-2997

Date Requested _____

COMPLETED BY LOCAL HEALTH JURISDICTION			COMPLETED BY OFFICE OF DRINKING WATER		
SYSTEM NAME	ID #	<u>PURPOSE</u> : new connection (home/business), expanded use, remodeling, or replacing existing connection – be as specific as possible as to type of connection.	ADEQUATE, AT CAPACITY, or INADEQUATE	<u>STATUS</u> : operating permit color, # of active residential & non-residential connections, # of total approved connections, last WFI update, if system under state order or is a SNC.	ODW NAME AND DATE

Requested by _____ County _____ Phone # _____ FAX # _____

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).